

AUG - 6 2008

**Attachment B:**  
*Summary of Safety and Effectiveness*  
*Prepared in accordance with 21 CFR Part 807.92(c).*



GE Healthcare

General Electric Company  
P.O. Box 414, Milwaukee, WI 53201

**Section a):**

1. Submitter: GE Medical Systems, Ultrasound and Primary Care Diagnostics, LLC  
PO Box 414, Milwaukee, WI 53201  
  
Contact Person: Allen Schuh,  
Manager, Ultrasound Regulatory Affairs  
Telephone: 414-721-3992; Fax: 414-721-3899  
  
Date Prepared: July 2, 2008
2. Device Name: GE Vivid E9 Ultrasound  
Ultrasonic Pulsed Echo Imaging System, 21 CFR 892.1560, 90-IYO  
Ultrasonic Pulsed Doppler Imaging System, 21 CFR 892.1550, 90-IYN  
Diagnostic Ultrasonic Transducer, 21 CFR 892.1570, 90-ITX
3. Marketed Device: GE Vivid 7 Diagnostic Ultrasound K003931/K031663/K041552/K051449/K060542  
(90-IYO/IYN/ITX) A device currently in commercial distribution.
4. Device Description: The GE Vivid E9 Ultrasound is a full featured echocardiography imaging and analysis system. It consists of a mobile console with multiple electronic array transducers that provides digital acquisition, processing and display capability. The user interface includes a floating and variable height user control panel with specialized controls, high resolution LCD display and separate LCD touch panel. This modification offers improved performance and productivity for users in a smaller and lighter weight package.
5. Indications for Use: The device is intended for ultrasound evaluation of Fetal; Abdominal (including renal and GYN); Pediatric; Small Organ (breast, testes, thyroid); Neonatal Cephalic; Adult Cephalic; Cardiac (adult and pediatric); Peripheral Vascular (PV); Musculo-skeletal Conventional; Urology (including prostate), Transesophageal; Transrectal (TR); Transvaginal (TV); and Intraoperative (abdominal, thoracic, & vascular).
6. Comparison with Predicate Device: The GE Vivid E9 is of a comparable type and substantially equivalent to the current GE Vivid 7 with overall enhanced performance in a smaller and more compact package. It has the same overall characteristics, key safety and effectiveness features, physical design, general overall construction, and materials, and has the same intended uses and operating modes as the predicate device.

**Section b):**

1. Non-clinical Tests: The device has been evaluated for acoustic output, biocompatibility, cleaning and disinfection effectiveness, electromagnetic compatibility, as well as thermal, electrical and mechanical safety, and has been found to conform with applicable medical device safety standards.
2. Clinical Tests: None required.
3. Conclusion: Intended uses and other key features are consistent with traditional clinical practice, FDA guidelines, and established methods of patient examination. The design and development process of the manufacturer conforms with 21 CFR 820, ISO 9001:2000 and ISO 13485 quality systems. The device conforms to applicable medical device safety standards and compliance is verified through independent evaluation with ongoing factory surveillance. Diagnostic ultrasound has accumulated a long history of safe and effective performance. Therefore, it is the opinion of GE Healthcare that the GE Vivid 7 BT06 Diagnostic Ultrasound is substantially equivalent with respect to safety and effectiveness to devices currently cleared for market.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Allen Schuh  
Regulatory Affairs Manager  
General Electric Co.  
GE Medical Systems Ultrasound and Primary Care Diagnostics, LLC  
9900 Innovation Drive  
WAUWATOSA WI 53226

AUG - 6 2008

Re: K081921  
Trade/Device Name: GE Vivid E9 Ultrasound System  
Regulation Number: 21 CFR 892.1550  
Regulation Name: Ultrasonic pulsed doppler imaging system  
Regulatory Class: II  
Product Code: IYN  
Dated: July 2, 2008  
Received: July 7, 2008

Dear Mr. Schuh:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the GE Vivid E9 Ultrasound System, as described in your premarket notification:

Transducer Model Number

<u>4C-D</u>	<u>3V-D</u>
<u>9L-D</u>	<u>E8C-D</u>
<u>11L-D</u>	<u>6T or 6Tc</u>
<u>M4S-D</u>	<u>9T</u>
<u>M5S-D</u>	<u>P2D</u>
<u>6S-D</u>	<u>P6D</u>

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any

Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

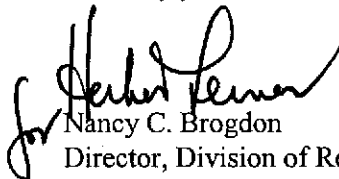
Food and Drug Administration  
Center for Devices and Radiological Health  
Document Mail Center (HFZ-401)  
9200 Corporate Boulevard  
Rockville, Maryland 20850

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

If you have any questions regarding the content of this letter, please contact Paul Hardy at (240) 276-3666.

Sincerely yours,



Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure(s)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 Ultrasound System**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	RT3D Mode*
Ophthalmic											
Fetal / Obstetrics	P	P	P	P	P	P	P	P	P	P	P
Abdominal <sup>[1]</sup>	P	P	P	P	P	P	P	P	P	P	P
Pediatric	P	P	P	P	P	P	P	P	P	P	P
Small Organ <sup>[2]</sup>	P	P	P		P	P	P	P	P	P	
Neonatal Cephalic	P	P	P	P	P	P	P	P	P	P	
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	P
Cardiac <sup>[3]</sup>	P	P	P	P	P	P	P	P	P	P	P
Peripheral Vascular	P	P	P	P	P	P	P	P	P	P	
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	
Musculo-skeletal Superficial											
Other <sup>[4]</sup>	P	P	P	P	P	P	P	P	P	P	P
<i>Exam Type, Means of Access</i>											
Transesophageal	P	P	P	P	P	P	P	P	P	P	
Transrectal	P	P	P		P	P	P	P		P	
Transvaginal	P	P	P		P	P	P	P		P	
Transurethral											
Intraoperative <sup>[5]</sup>	P	P	P		P	P	P	P	N	P	
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [1] Abdominal includes renal, GYN/Pelvic

[2] Small organ includes breast, testes, thyroid.

[3] Cardiac is Adult and Pediatric.

[4] Other use includes Urology/Prostate

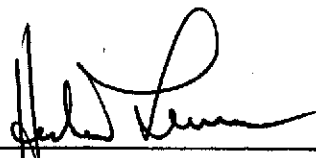
[5] Intraoperative includes abdominal, thoracic (cardiac), and vascular (PV).

[\*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

[\*] RT3D is Realtime 3D / 4D volume tissue scan acquisition (with or w/o color flow);

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**Concurrence of CDRH, Office of Device Evaluation (ODE)**



(Division Sign-Off)

Division of Reproductive, Abdominal and  
Radiological Devices

510(k) Number

K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 4C-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics	P	P	P		P	P	P	P	P	P	
Abdominal	P	P	P		P	P	P	P	P	P	
Pediatric	P	P	P		P	P	P	P	P	P	
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other <sup>[4]</sup>	P	P	P		P	P	P	P	P	P	
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

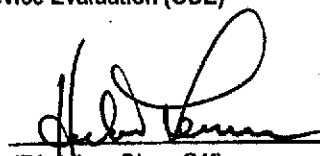
Notes: [2] Small organ includes breast, testes, thyroid.

[4] Other use includes Urology/Prostate

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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**Concurrence of CDRH, Office of Device Evaluation (ODE)**



(Division Sign-Off)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 9L-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric	P	P	P		P	P	P	P	P	P	
Small Organ <sup>[2]</sup>	P	P	P		P	P	P	P	P	P	
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	P	P	P		P	P	P	P	P	P	
Musculo-skeletal Conventional	P	P	P		P	P	P	P	P	P	
Musculo-skeletal Superficial											
Other <sup>[4]</sup>											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											


N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid.

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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**Concurrence of CDRH, Office of Device Evaluation (ODE)**



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Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 11L-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric	N	N	N		N	N	N	N	N	N	
Small Organ <sup>[2]</sup>	N	N	N		N	N	N	N	N	N	
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular	N	N	N		N	N	N	N	N	N	
Musculo-skeletal Conventional	N	N	N		N	N	N	N	N	N	
Musculo-skeletal Superficial											
Other <sup>[4]</sup>											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative <sup>[5]</sup>	N	N	N		N	N	N	N	N	N	
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

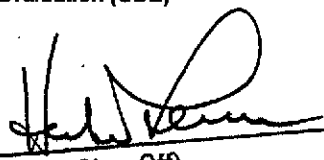
Notes: [2] Small organ includes breast, testes, thyroid.

[5] Intraoperative includes abdominal, thoracic (cardiac), and vascular (PV).

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
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Division of Reproductive, Abdominal and  
Radiological Devices  
510(k) Number K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with M4S-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics	P	P	P	P	P	P	P	P	P	P	
Abdominal	P	P	P	P	P	P	P	P	P	P	
Pediatric	P	P	P	P	P	P	P	P	P	P	
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	
Cardiac <sup>[3]</sup>	P	P	P	P	P	P	P	P	P	P	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other <sup>[4]</sup>	P	P	P	P	P	P	P	P	P	P	
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid.

[3] Cardiac is Adult and Pediatric.

[4] Other use includes Urology/Prostate

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

K081921

Prescription User (Per 21 CFR 801.109)



**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with M5S-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics	N	N	N	N	N	N	N	N	N	N	
Abdominal	N	N	N	N	N	N	N	N	N	N	
Pediatric	N	N	N	N	N	N	N	N	N	N	
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic	N	N	N	N	N	N	N	N	N	N	
Cardiac <sup>[3]</sup>	N	N	N	N	N	N	N	N	N	N	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other <sup>[4]</sup>	N	N	N	N	N	N	N	N	N	N	
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid.

[3] Cardiac is Adult and Pediatric.

[4] Other use includes Urology/Prostate

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

*K081921*

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 6S-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics	N	N	N	N	N	N	N	N	N	N	
Abdominal	N	N	N	N	N	N	N	N	N	N	
Pediatric	N	N	N	N	N	N	N	N	N	N	
Small Organ <sup>[2]</sup>											
Neonatal Cephalic	N	N	N	N	N	N	N	N	N	N	
Adult Cephalic											
Cardiac <sup>[3]</sup>	N	N	N	N	N	N	N	N	N	N	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other <sup>[4]</sup>											
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

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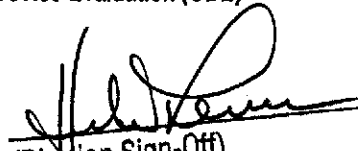
Notes: [2] Small organ includes breast, testes, thyroid.

[3] Cardiac is Adult and Pediatric.

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 3V-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	RT3D Mode*
Ophthalmic											
Fetal / Obstetrics	P	P	P	P	P	P	P	P	P	P	P
Abdominal	P	P	P	P	P	P	P	P	P	P	P
Pediatric	P	P	P	P	P	P	P	P	P	P	P
Small Organ <sup>[2]</sup>											
Neonatal Cephalic											
Adult Cephalic	P	P	P	P	P	P	P	P	P	P	P
Cardiac <sup>[3]</sup>	P	P	P	P	P	P	P	P	P	P	P
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other <sup>[4]</sup>	P	P	P	P	P	P	P	P	P	P	P
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [2] Small organ includes breast, testes, thyroid.

[3] Cardiac is Adult and Pediatric.

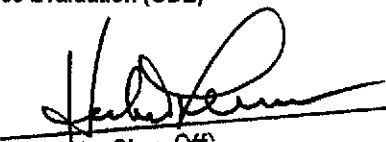
[4] Other use includes Urology/Prostate

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

[\*] RT3D is Realtime 3D / 4D volume tissue scan acquisition (with or w/o color flow);

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with E8C-D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/ Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics	P	P	P		P	P	P	P		P	
Abdominal <sup>[1]</sup>	P	P	P		P	P	P	P		P	
Pediatric											
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac											
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other <sup>[4]</sup>	P	P	P		P	P	P	P		P	
Exam Type, Means of Access											
Transesophageal											
Transrectal	P	P	P		P	P	P	P		P	
Transvaginal	P	P	P		P	P	P	P		P	
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

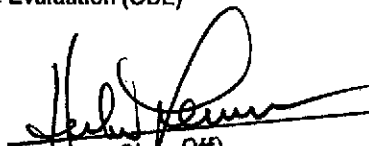
Notes: [1] Abdominal includes GYN/Pelvic;

[4] Other use includes Urology/Prostate;

[\*] Combined modes are B/M, B/Color M, B/PWD, B/Color/PWD, B/Power/PWD.

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number 4081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 6T or 6Tc Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/ Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric											
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac	P	P	P	P	P	P	P	P	P	P	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other (specify)											
Exam Type, Means of Access											
Transesophageal	P	P	P	P	P	P	P	P	P	P	
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

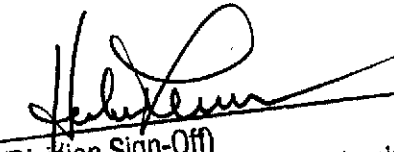
N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [\*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

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 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number K081921

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with 9T Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/ Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric											
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>	P	P	P	P	P	P	P	P	P	P	
Peripheral Vascular											
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other (specify)											
<i>Exam Type, Means of Access</i>											
Transesophageal	P	P	P	P	P	P	P	P	P	P	
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [\*] Combined modes are B/M, B/Color M, B/PWD or CWD, B/Color/PWD or CWD, B/Power/PWD.

[3] Cardiac is Adult & Pediatric

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Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

K081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**

**GE Vivid E9 with P2D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:


Clinical Application <i>Anatomy/ Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric											
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>			P	P							
Peripheral Vascular			P	P							
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other (specify)											
Exam Type, Means of Access											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [3] Cardiac is Adult and Pediatric.

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 510(k) Number 14081921

Prescription User (Per 21 CFR 801.109)

**Diagnostic Ultrasound Indications for Use Form**  
**GE Vivid E9 with P6D Transducer**

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application <i>Anatomy/ Region of Interest</i>	Mode of Operation										
	B	M	PW Doppler	CW Doppler	Color Doppler	Color M Doppler	Power Doppler	Combined Modes	Harmonic Imaging	Coded Pulse	
Ophthalmic											
Fetal / Obstetrics											
Abdominal											
Pediatric											
Small Organ (specify)											
Neonatal Cephalic											
Adult Cephalic											
Cardiac <sup>[3]</sup>			P	P							
Peripheral Vascular			P	P							
Musculo-skeletal Conventional											
Musculo-skeletal Superficial											
Other (specify)											
<i>Exam Type, Means of Access</i>											
Transesophageal											
Transrectal											
Transvaginal											
Transurethral											
Intraoperative (specify)											
Intraoperative Neurological											
Intravascular											
Laparoscopic											

N = new indication; P = previously cleared by FDA; E = added under Appendix E

Notes: [3] Cardiac is Adult and Pediatric.

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 510(k) Number K081924

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